

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16119

State File No. ....

FILED JUN 9 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4886**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **4yrs 10mos 15ds.**  
(Specify whether  
In this community **35 years**  
years, months or days)

3. (a) PRINT FULL NAME **CORA GAUNT**

3. (b) If veteran, name war **-** 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **mar**  
6. (b) Name of husband or wife **Warren Gauntt** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Sep't 12 1881**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **14** If less than one day hr. .... min.

9. Birthplace **unknown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Basil Burns**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary White**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helma A. Dugler**

(b) Address **5300 Arsenal**

17. (a) **Burial** (b) Date thereof **5/28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kimmswick, Missouri**

18. (a) Signature of funeral director **Heiligtat Funeral Home**

(b) Address **Kimmswick, Missouri**

19. (a) **MAY 2** (b) **J. F. Bruck**  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **713**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3438 N. 11th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1943** hour **2:15** minute **P. M.**

21. I hereby certify that I attended the deceased from **7-11-1938** 19... to **5-26-43** 19...;  
that I last saw her alive on **5-26-43** 19...;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** **2 weeks**  
**Broncho-pneumonia** **5 das.**

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **No**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **Walter H. Moon** (M. D. or other) **MD**

Address **5400 Arsenal St** Date signed **5/26/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**